



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

March 14, 2014

Michael Murphy
CEO, CoventryCares
9900 Corporate Campus, Ste. 1000
Louisville, KY 40223

Re: CC2014AG-1

Dear Mr. Murphy:

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that CoventryCares of Kentucky ("CoventryCares") is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Coventry Health and Life Insurance Company. Pursuant to Section 39.4 of the Contract, CoventryCares shall submit to the Department a Corrective Action Plan within ten (10) business days following the date of this notification delineating the time and manner in which each deficiency cited below is to be corrected.

Identifying #	Contract Section	DEFICIENCY
AG2014AG-1	24.2 Appeal Process	Coventry failed to date a Denial Letter and Notice of Appeal

In a letter sent to the parents or guardian of member _____, and copied to provider _____, Coventry denied the administration of _____ and outlined the procedure for appealing the decision, but failed to date the letter causing confusion as to the deadline to file an appeal. The portion of the letter explaining of the appeal process contains the phrase: *You, your representative or you doctor may appeal this determination by submitting a written or verbal request within thirty (30) days from the date on this letter.* However, there is no date on the letter.

Section 24.2 A of the contract states:

The Contractor shall mail a notice of action to the Member or service provider. The notice shall comply with 42 CFR 438.10(c) regarding language and (d) regarding format and shall contain, but not be limited to, the following.

In order to make the appeal process easier for members to comply, I am requesting that Coventry develop a Corrective Action plan to include the date on all notice of action correspondence sent to members and providers. The plan should include a tracking mechanism for all correspondence pertaining to the appeal process.

Please note this deficiency has been assigned a unique Identifier. Include this number with any correspondence concerning this Issue. Failure to do so will result in your submission being rejected. I look forward to receiving Coventry's Corrective Action Plan and will be available for your questions throughout the process.

Sincerely,

Thomas McMahan Senior
Policy Advisor Managed
Care Oversight
Department for Medicaid Services

cc: Lawrence Kissner, Commissioner, Department of Medicaid Services
Lee A. Guice, Director of Policy and Operations
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Debbie Salleng, Staff Liaison, Department of Medicaid Services